
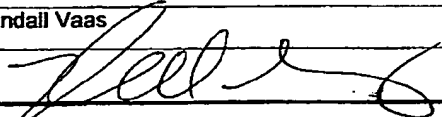


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number: CS21931RL	
In re Application of	Pecen, Mark et al.		
Application Number	10/712,636	Filed	11/13/2003
For	METHOD AND APPARATUS FOR VIRTUAL BEARER		
Group Art Unit	2683	Examiner	Huynh, Chuck
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):			
<input type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$	120.00
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$	450.00
<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$	1020.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$	1590.00
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$	2160.00
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Deposit Account Number 502117 Deposit Account Name: Motorola, Inc.		
<input checked="" type="checkbox"/>	I have enclosed a duplicate copy of this sheet.		
I am the:			
<input type="checkbox"/>	Applicant/inventor		
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71.		
<input checked="" type="checkbox"/>	Attorney or agent of record (Registration No.: 34,479)		
<input type="checkbox"/>	Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) 34,479		
<u>3-13-2006</u>		<u></u>	
Date		Signature	
		Randall S. Vaas	
		Type or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of <u>1</u> form(s) are submitted		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being sent by facsimile addressed to: 561-273-8300			
		03/14/2006	TL0111 00000056 502117 10712636
		03/13/2006	01 FC:1253 1020.00 DA
Typed or printed name	Randall Vaas		
Signature	<u></u>		

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